

No. 2
-18-40
-17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 23 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14688**

Registration District No. **14**

Primary Registration District No. **4381**

Registrar's No. **14**

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
201 E. Jackson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **52 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dennis Dyer**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Martha Nelson Dyer** 6. (c) Age of husband or wife if alive **7** years
 7. Birth date of deceased **August 7 1849**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	8	10	hr. min.

9. Birthplace **Franklin Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry (Retired)**

11. Industry or business.....

MOTHER FATHER {
 12. Name **unknown**
 13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Roy Douglas**
 (b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **4-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**
 (b) Address **Windsor, Missouri**

19. (a) **4-20-41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
 (c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
 (d) Street No. **201 E. Jackson**
(If rural, give location)
 (e) If foreign born, how long in U. S. A?..... years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **17**
 year **1941** hour **10:30 p.m.** M.
 21. I hereby certify that I attended the deceased from **11-1**
 19**40**, to **4-17**, 19**41**;
 that I last saw him alive on **4-27-**, 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
 Duration **?**
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **none**
 Of autopsy **none**
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
319

23. Signature **Ray B Jordan** (M. D. or other) **11**
 Address **Windsor, Mo** Date signed **4-20-41**
(Specify type of place) (e) Means of injury

RECEIVED

District Health Officer No. 7,

District File Number 5-41-896

Date Filed 5-21-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edw. M. Hunter

Licensed Embalmer No. 3391

P. O. Address.....

Windsor, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.